



LIST ALL FRACTURES WITH THE DATES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ALL TRAUMAS WITH THE DATES (concussions, bad falls on head or buttock, car accidents, whiplash, severe sprains & strains.....): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LAST FULL MEDICAL: (date and results) \_\_\_\_\_  
\_\_\_\_\_

LAST BLOOD TESTS: (date and results) \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN HOSPITALIZED: (for something other than what already mentioned, when and why) \_\_\_\_\_  
\_\_\_\_\_

**REVIEW OF SYSTEMS:**

List any problems/concerns:

EARS-NOSE-THROAT: (sinusitis, otitis, pharyngitis, laryngitis, loss of hearing, vision, glaucoma, dental surgery, root canal, fillings, ) \_\_\_\_\_  
\_\_\_\_\_

RESPIRATORY SYSTEM: (pneumonia, bronchitis, smoker, asthma, cough, allergies, emphysema) \_\_\_\_\_  
\_\_\_\_\_

CARDIOVASCULAR SYSTEM: (murmur, angina, arrhythmia, blocked arteries, stroke, phlebitis, varicose veins, HBP, poor circulation, cholesterol ..) \_\_\_\_\_  
\_\_\_\_\_

STOMACH and DIGESTIVE SYSTEM: (heartburn, reflux, ulcer, bloating, appetite, slow digestion, gall bladder, gas, cramps, nausea, appetite, hepatitis, liver problems, cirrhosis...) \_\_\_\_\_  
\_\_\_\_\_

ELIMINATION:(diarrhea, constipation, hemorrhoids) \_\_\_\_\_  
\_\_\_\_\_

MENSTRUAL CYCLE:(length of cycle, pains, cramps) \_\_\_\_\_  
\_\_\_\_\_

MUSCULO-SQUELETAL SYSTEM:(bursitis, tendonitis, arthritis, joint pain...) \_\_\_\_\_  
\_\_\_\_\_

NERVOUS SYSTEM: (headaches, dizziness, vertigo, loss of consciousness, epilepsy, paralysis,

degenerative disease, loss of balance..)\_\_\_\_\_

ENDOCRINE SYSTEM: (thyroid, pituitary, adrenal glands, pancreas, insuline-diabetes...)\_\_\_\_\_

IMMUNE/LYMPHATIC SYSTEM: (auto-immune deficiency, swelling, inflammation)\_\_\_\_\_

GYNECOLOGICAL/UROLOGIC SYSTEM:(prostate infections, bladder infection, kidney stones, incontinence, ptosis of the bladder, contraceptives-specify, # of pregnancies, # of abortions, # of deliveries-type, epidurals, endometriosis, fibromyalgia, fibroma, cysts) \_\_\_\_\_

INTEGUMENTARY SYSTEM: (infections, acne, dermatitis, eczema, psoriasis, parasites, herpes)\_\_\_\_\_

NUTRITION: (following a specific diet)\_\_\_\_\_

ACTIVITIES OF DAILY LIVING: (sports, activities, tobacco, drugs...)\_\_\_\_\_

SLEEP: Do you feel rested in the morning: \_\_\_\_\_  
How many hours of sleep/night: \_\_\_\_\_  
Do you wake up at night: \_\_\_\_\_  
What time/how often: \_\_\_\_\_  
Level of energy in the morning (1-10): \_\_\_\_\_

OTHER PERTINENT INFORMATION: \_\_\_\_\_

FOR THE OSTEOPATH: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_